



SOAR Training

SSI/SSDI Outreach, Access, and Recovery

(Sponsor name, e.g., Iowa City Council on Homelessness)

Save the Date! (January 23 and 24, 2007)

Assisting People Applying for SSI/SSDI Disability Benefits

Workshop Highlights

- An in-depth, step-by-step explanation of the SSI/SSDI application and disability determination process
- Strategies for working with homeless persons with serious mental illness and co-occurring disorders – only a fraction of this population receives the benefits to which they are entitled
- Exercises and worksheets provide practical application tools
- Release-of-information samples, sample reports, letters, assessment forms, SSA forms with explanations

Featured Trainers

Michelle Thibodeau
Bureau Chief
Disability Determination Services Bureau

Marcia Armstrong
Director, Montana PATH Program
Addictive and Mental Disorders Division

Sherrie Downing
Coordinator
Montana Council on Homelessness

Workshop Location

Montana State Prison
Wallace Building Large Classroom
Deer Lodge

How is this model different?

- Case managers actively assist applicants
- Focuses on the initial application – “Get it right the first time!”
- Avoids appeals whenever possible
- Focuses on documenting the disability to reduce the need for consultative exams
- Leads to savings – the San Francisco Department of Public Health estimates that their SSI outreach project saves the city \$27 million annually in recouped Medicaid and state-funded General Assistance alone

Registration

Please complete attached registration form. Conference is free to Montana residents. Hotel, meals, and transportation costs are the responsibility of the participant.

Assisting People Applying for SSI/SSDI Disability Benefits

Registration Form

January 23 – 24
Montana State Prison

**This completed registration form and payment must be returned by
January 16, 2007**

One registration per person

Registrant Information:

First Name: _____ Last Name: _____

Title: _____

Organization Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____

E-mail: _____

Please indicate if you need special accommodations (ADA) _____

If you have any questions, contact Donald May at

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Return this registration form by January 16, 2007

via Fax (406) 2950

ATTENTION DONALD MAY